

TRANSCRIPT REQUEST FORM

Please **PRINT** and **COMPLETE** the following request. **SCAN** and **EMAIL** it to us at: registraroffice@aup.edu and **ATTACH** a copy of your passport or valid photo identification.

Transcripts will not be processed for students with holds. Please be sure that your account is clear before you order.

Last Name (at time of attendance):	First Name:
Email:	Telephone Number:
ID Number or Date of Birth:	Means of Payment (please circle one): Check / Credit Card
Total Number of Requested Transcripts: Transcript Fee (7€per transcript):	Card Type (please circle one): Visa / MasterCard / American Express
Card Holder Name:	Credit Card Expiration Date:
Credit Card Number:	Card Security Code:
Student's Signature:	Date:
Transcript Recipient- Postal address to which transcript should be mailed:**	Transcript Recipient- Postal address to which transcript should be mailed:**
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***If you would like an electronic transcript you **MUST** fill out an online request at <https://www.aup.edu/academics/offices-resources/registrar/transcripts/online-request>*